

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041391

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 20 yrs.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT a hospital, give National Hospital or Institution) Hamilton Nursing Home 956 Hamilton Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4919 Washington Ave.	
3. NAME OF DECEASED (Type or print) First JAMES		Middle AUSTIN		Last DRUSE	
4. DATE OF DEATH Month Oct.		Day 10		Year 1963	
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH 11-6-83		9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Zinc Foundry		11. BIRTHPLACE (City and state or country) Burksville, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Ralph Druse		13b. MOTHER'S MAIDEN NAME Illinois Ditch	
14. NAME OF HUSBAND OR WIFE divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles Druse 2601 N. 4th St.		Address St. Louis, Ill.		INTERVAL BETWEEN ONSET AND DEATH few hrs	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Generalized Arteriosclerosis 332+		DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY St. Louis		STATE Mo.	
21. I attended the deceased from Jan. 7, 1961 to Oct. 10, 1963 and last saw her alive on Sept. 29, 1963 Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) A. F. Montgomery M.D.		22b. ADDRESS 1105 Central Ave. St. Louis, Mo.	
22c. DATE SIGNED Oct 11, 1963		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-13-63	
23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) Canteen Township, Ill.		24. FUNERAL DIRECTOR Joseph J. Kassly, E. St. Louis, Ill.	
25. DATE RECD. BY LOCAL REG. OCT 11 1963		26. REGISTRAR'S SIGNATURE Earl Smith M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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enroll against nursing home

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kinsley

Licensed Embalmer No. 5039

P. O. Address E. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.